



**Department of the Secretary of State**

**Bureau of Motor Vehicles**

Certification of Membership  
Wabanaki Confederacy

I certify that \_\_\_\_\_  
**Name Printed or Typed** **Date of Birth**

whose address is \_\_\_\_\_ is a member  
**Address**

of the following tribes: **Penobscot, Passamaquoddy, Maliseet, Micmac Tribe**

\_\_\_\_\_  
Signature of Tribal Official Office held by Official

\_\_\_\_\_  
Printed or Typed Name of Tribal Official Date